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October 6, 2005

from PATRICIA L. PRIOR

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To: Examiner Scott R. Kastler

Firm: MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS

Fax Number: 571/273-8300

Client Number: UVD 0299 PA

Pages: 38
(including cover)

Comments: **OFFICIAL** **OFFICIAL** **OFFICIAL**

Applicant(s) : Sturgill, et al.
 Serial No. : 10/038,150
 Filed : January 4, 2002
 Title : NON-TOXIC CORROSION-PROTECTION
 RINSES AND SEALS BASED ON COBALT
 Art Unit : 1742
 Confirmation No. : 7448

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 460.00)

Complete if Known

Application Number	10/038,150
Filing Date	January 4, 2002
First Named Inventor	Jeffrey A. Sturgill
Examiner Name	Scott R. Kastler
Art Unit	1742
Attorney Docket No.	UVD 0299 PA

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer; Request for Continued Examination (RCE)

Fee Paid (\$)

460.00

SUBMITTED BY

Signature	<i>Patricia L. Prior</i>	Registration No. 33,758 (Attorney/Agent)	Telephone (937) 449-6400
Name (Print/Type)	Patricia L. Prior		Date 10/06/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Multiple dependent claims	360	180

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				Fee (\$)	Fee Paid (\$)
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____
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